APPENDIX A-6: XML Schema Layout for MassHealth Identifier Crosswalk File

XML Element	Attributes	Description	Data Element	Valid Values	Data Types	Field Size	Data Required (MassHealth)
A header is required at the beginning of each XML file as follows: <?xml version="1.0" encoding="UTF-8" ?>							
<submission>	Opening tag is required.						
	type	Describes the setting for which data is being submitted.	N/A	CROSS-WALK	Character	20	Yes
	data	Describes the type of data being submitted.	N/A	IDENTIFICATION	Character	20	Yes
	version	The version of the file layout.	N/A	3.0	Character	20	Yes
	action-code	Describes the intended action of the file being submitted.	N/A	ADD	Character	20	Yes
<provider-id> sub-element of the provider element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **<provider-id>**123456**</provider-id>**						
	None	Used to identify the provider. This will be either a valid Medicare provider ID or valid Medicaid provider ID or valid NPI provider number and must match the Provider ID or NPI number used in the clinical measure submission.	Provider ID	Valid 6 or 10 digit id	Character	10	Yes
<patient> sub-element of the submission element	Opening tag for patient	**Note**: This tag is required in the XML document. However, it contains no data.					
<episode-of-care> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **<episode-of-care>**PN**</episode-of-care>**						
	measure-set	The code for the measure set submitted.	Measure set	CAC PN SCIP ED	Character	22	Yes
<admit-date> sub-element of the episode-of-care element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **<admit-date>**04-02-2007**</admit-date>**						
	None	The month, day, and year of admission for inpatient care	Admission Date	MM-DD-YYYY (Must be a valid date and cannot equal UTD)	Date	10	Yes
<discharge-date> sub-element of the episode-of-care element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **<discharge-date>**04-06-2007**</discharge-date>**						
	None	The month, day, and year the patient was discharged from acute care, left against medical advice, or expired during this stay.	Discharge Date	MM-DD-YYYY (Must be a valid date and cannot equal UTD)	Date	10	Yes
<patient-id> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **<patient-id>**74185296374185296385**</patient-id>** Please note that the data contained in this field must match the patient-id in the data submitted in the corresponding clinical measure file.						
	None	Identifier used to identify the patient at the hospital. Please note that the data contained in this field must match the hospital-patient-id in the data submitted in the corresponding clinical measure file.	Patient Identifier	Up to 40 characters	Character	Up to 40	Yes

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XML Element	Attributes	Description	Data Element	Valid Values	Data Types	Field Size	Data Required (MassHealth)
\<first-name\> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **\<first-name\>**John**\</first-name\>**						
	None	The patient's first name	First Name	Patient's First Name	Character	30	Optional
\<last-name\> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **\<last-name\>**Doe**\</last-name\>**						
	None	The patient's last name	Last Name	Patient's Last Name	Character	60	Optional
\<patient-rid-no\> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **\<patient-rid-no\>**123456789012**\</patient-rid-no\>**						
	None	This can be the Patient's 10-digit MassHealth Recipient Identification number or the Patient's 12-digit MassHealth Member ID?	MassHealth Member ID	All alpha characters must be upper case	Character	20	Yes
\<birthdate\> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **\<birthdate\>**08-06-1964**\</birthdate\>**						
	None	The month, day and year the patient was born	Birthdate	MM-DD-YYYY (Must be valid a birthdate and cannot equal UTD)	Date	10	Yes
\<hospital-bill-no\> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **\<hospital-bill-no\>**45678912878492432430**\</hospital-bill-no\>** **Note:** This field is mandatory						
	None	Hospital internal billing number	Hospital Bill Number	Alphanumerics	Character	20	Yes
\<mhrace\> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **\<mhrace\>**M**\</mhrace\>**						
	None	Documentation of the patient's race	Race	R1,R2,R3,R4,R5,R9,UNKNOW (see Table A)	Character	2-6	Yes
\<ethnic\> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **\<ethnic\>**Y**\</ethnic\>**						
	None	Documentation that the patient is Hispanic/Latino/Spanish	Hispanic Indicator	Y,N	Character	1	Yes
\<ethniccode\> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **\<ethnic-code\>**1234-5**\</ethnic-code\>**						
	None	Documentation of the patient's ethnicity code	Ethnicity	Alpha 6 characters or numeric is 5 numbers with a hyphen after the 4th number (####-#) (see Table A)	Character	6	Yes

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XML Element	Attributes	Description	Data Element	Valid Values	Data Types	Field Size	Data Required (MassHealth)
<payment-source> sub-element of the patient element		Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **<payment-source>**103**</payment-source>**					
	None	Source of payment for the services provided to the patient.	**Payer Source**	103-Medicaid (includes MassHealth) 104-Medicaid Managed Care, Primary Clinicians (PCC) 108-Medicaid Managed Care-Fallon Community Health Plan 110-Medicaid Managed Care-Health New England 113-Medicaid Managed Care-Neighborhood Health Plan 118-Medicaid Mental Health & Substance Abuse Plan- Mass Behavioral Health Partnership 207-Network Health Alliance MCD Program 208-HealthNet-Boston Medical Center MCD Program 119-Medicaid Managed Care Other 98-Healthy Start 178-Children's Medical Security Plan (CMSP)	Character	3	Yes
</patient>	Closing tag for patient	**Note:** This tag is required in the XML document. However, it contains no data.					
</submission>	Closing tag for submission	**Note:** This tag is required in the XML document. However, it contains no data.					

**Retired Elements Effective (v 5.0)**
<patient-ssn> sub-element of the patient element		Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:**
	None	Patient's Social Security Number	SOCSEC#	no dashes	Character	9	Optional

Appendix A-6: Table A for MassHealth Identifier Crosswalk File

Question	Field Name	Valid Values	Value Descriptions
MH Race	MHRACE	R1	American Indian or Alaska Native
		R2	Asian
		R3	Black/African American
		R4	Native Hawaiian or Pacific Islander
		R5	White
		R9	Other Race
		UNKNOW	Unknown
Ethnicity Code	ETHNICCODE	2182-4	Cuban
		2184-0	Dominican
		2148-5	Mexican, Mexican American, Chicano
		2180-8	Puerto Rican
		2161-8	Salvadoran
		2155-0	Central American (not specified)
		2165-9	South American (not specified)
		2060-2	African
		2058-6	African American
		AMERCN	American
		2028-9	Asian
		2029-7	Asian Indian
		BRAZIL	Brazilian
		2033-9	Cambodian
		CVERDN	Cape Verdean
		CARIBI	Caribbean Island
		2034-7	Chinese
		2169-1	Columbian
		2108-9	European
		2036-2	Filipino
		2157-6	Guatemalan
		2071-9	Haitian
		2158-4	Honduran
		2039-6	Japanese
		2040-4	Korean
		2041-2	Laotian
		2118-8	Middle Eastern
		PORTUG	Portuguese
		RUSSIA	Russian
		EASTEU	Eastern European
		2047-9	Vietnamese
		OTHER	Other Ethnicity
		UNKNOW	Unknown / not specified